UNITED STATES DISTRICT COURT U.S. DISTRICT COURT

District of New Jersey

2013 SEP 27 AM 11 19

UNITED STATES OF AMERICA)
Plaintiff) Case Number:
V) 1:13-CV-0529 678
Thomas C. Dininio)
Defendant)

BRIEF IN SUPPORT OF MOTION TO DISMISS/DEMURRER

In the Defendant's ANSWER, he relies on two separate, but related, pleas: (1) failure to state a cause of action; (2) Demurrer.

Demurrer raises the issue of whether the complaint on its face, whether true or false, can sustain the action before the court where the pleadings or the process is insufficient.

The Defendant does not traverse the Demurrer, but does find it necessary to provide this Honorable Court with facts, supplied by the Internal Revenue Service, which were not pleaded in the complaint.

First, as to the FAILURE TO STATE A CAUSE OF ACTION UPON WHICH RELIEF CAN BE GRANTED.

A cause of action is defined as: (1) the plaintiff must declare his rights or rights in things, (2) must declare the Defendant's neglect of those rights, and (3) declare the damages which arise out of the said neglect.

The word "allege" means to state without proof.

The "alleged complaint" filed with this Honorable Court amounts to nothing more than a "bill" wherein the federal attorney demands that this Court enforce collection. The "alleged complaint" provides no information to the Defendant upon which he can proceed.

For instance, Man A complains of Man B in an action of Trespass upon real property wherein a rosebush has been damaged.

As such, Man A has declared his interests in the real property and the personal property, stating about the day when such trespass has occurred, listing the fact that the rosebush was physically damaged, purportedly due to the neglect of Man B, followed by the amount of the damages.

If Man B neglects to answer the complaint, Man A may seek Default Judgment.

On the other hand, Man B may Demurrer by way of Affirmative Defense, claiming that Man B had to avoid being hit by a car, etc., etc.

This "alleged complaint" supplies none of the necessary information upon which the Defendant can properly proceed.

However, by Demurrer, the Defendant is capable of providing this Honorable Court with information which was not supplied by the Federal Attorney, who himself may not be aware thereof.

Can any case, properly pleaded be sustained on some fraud?

The answer is that no case can arise in fraud.

This Honorable Court's attention is directed to Line 8, Line one of the Table therein contained. This line contains a date – 1998 – followed by an amount "assessed" followed by the purported amount due at the filing of the "alleged complaint."

In 1998, the Defendant decided to "rollover" an IRA Account – removing it from one servicing agent to another, doing so within the terms and conditions established in 26 USC §408, concerning Individual Retirement Accounts. However, the IRS, by and through its employees and agents decided to assess a tax on what had been done lawfully.

Had the Defendant not Answer the "alleged complaint," the Federal Attorney would have sought Default Judgment, wherein silence is equated with guilt.

Hence, when the Defendant noticed the IRS about the false assessment, the answer was that of silence. Following the logic in the previous paragraph, the IRS was/is guilty of attempted extortion.

This in and of itself, had the IRS attempted to proceed in court, may not have been grounds for any successful action.

Comes adding insult to injury. The Defendant now becomes "targeted" by the IRS – an incorporeal being – which must and can only act by and through its employees and agents, to

then "assess" taxes against the Defendant for the years 2000 and 2003, as found in Line 8 of the "alleged complaint", the aforementioned Table, Lines two and three.

This Honorable Court's attention is directed to the year 2000, Line8 of the "alleged comlaint." The Defendant filed a standard 1040 with the IRS for that year. He was notified that the IRS had not received the said form. The Defendant mailed several copies to the IRS of the "missing" 1040 form, only to finally be notified, after requesting information through the Freedom of Information Act, of a 1040 form with "doodles" on it.

Does it become indicative of the Defendant to have to "baby sit" employees and agents for the IRS?

Further, this Honorable court's attention is directed to Attachment A, attached hereto and made a part hereof. The attachment are certified 1040X form, wherein the Defendant has attested to the reason of filing such forms in Part III, where the filer must state why the forms are being filed.

Title 26 USC does not contain any authority of anyone, other than the filer to change values on filed documents, nor, does it contain any means by which the IRS, by and through its employees and agents may "arbitrarily" assess taxes.

Whereas, the IRS, by and through its employees and agents, have willfully, maliciously and with dolus (the intent to defraud), attempted to "cover up" the first attempt at extortion, by creating further extortion.

This Honorable Court may not, at this juncture, accept that the Defendant was "targeted," whereupon the Court's attention is directed to Attachments B through E, attached hereto and made a part hereof. In so doing, the Court's attention is directed to Part III – the reason given for filing the certified 1040X documents.

As the Honorable Judge is aware, as is the Federal Attorney is aware, as is the Defendant aware, or any individual who attempts to open a bank account is aware, it is necessary to have a SSN in order to open such account.

This Honorable Court's attention is directed to Attachment F, attached hereto and made a part hereof, where the cover form describes why the other documents are not signed and attested thereto.

IRS Agent Fillion ascribes that the amounts set forth in column A, Line 1 of the certified 1040X forms for the years 2007 through 2010 come from a bank account which, as found in Attachment F, does not exist.

As to the Civil Penalties contained in Line 12, Count II, the Defendant is at a loss as to where or why such penalties were assessed in the first instance, since the IRS, by and through its employees and agents have remained silent on the reasons.

While the IRS is delegated to *collect* certain taxes, the Defendant does not dispute this fact. The "alleged complaint" appears to claim that the Defendant has not complied with the rules and regulation, BUT, on the other hand, the Defendant is being told that the IRS, by and through its employees and agents are not subject to obeying the same rules and regulations.

In summary, the Defendant in this "alleged complaint" sets forth, from the IRS's records the following facts:

- 1. The "alleged complaint" fails to state a cause of action upon which the Defendant may plead;
- 2. The "alleged complaint" is nothing more than a bill concocted out of fraud with the attempt to induce this Honorable Court to enforce collection thereof, amounting to extortion;
- 3. The "alleged complaint" arises out of the Defendant's unwillingness to be extorted in 1998 under lawful compliance with 26 USC 408;
- 4. That, according to the aforesaid records, the Defendant was "targeted" with unlawful assessed amounts for the years, 2000 and 2003;
- 5. That the amounts of a non-existent bank account were attributed to the Defendant for the years 2007 through 2010, further targeting the Defendant.
- 6. That, upon the records of the IRS, the IRS, its employees and agents are not subject to obeying the statutes and code under which they are employed to do so.

WHEREFORE, the Defendant prays this Honorable court will

DISMISS THIS CASE WITH PREJUDICE.

Further, the Defendant prays this Honorable Court will order all public records expunged of all liens, levies, etc., against the Defendant, his real property and personal property.

Further, the Defendant prays that this Honorable Court will grant any and all relief within the power of this Honorable Court right any and all injustices done to the Defendant's good name and reputation.

Further, the Defendant remains DEMURRER.

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Thomas Charles Dininio

I, hereby swear and affirm, that the forgoing is true to the best of my knowledge and based upon my understanding of Title 26 and the actions taken against me by the IRS, by and through its employees and agents.

DATE: 26 Sept. 13

Thomas Charles Dininio

Attachment A

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řom	1	040X

Department of the Treasury—Internal Revenue Service

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. December 2012) ► Info	rmation about Form 1040X	and its	separate instruction	ons is:	at www.irs.gov/fo	rm10/10v	WID NO. 1343-0074
This return is for calendar ye Other year. Enter one: calend	ear 📙 2012 🔛 2011	2010	2009			11110402.	
Your first name and initial	dar year 2003 or fise	-	r (month and year	ende	d):		
		La	ist name			Your social secu	rity number
Thomas Charles If a joint return, spouse's first name an	od total		ninio				
in a Joint return, spouse's first righte an	d initial	La	ist name			Spouse's social	security number
Home address (number and street), If	vou havo a D.O. have and instruct				T		
2209 Buttonwood La	you have a r.o. box, see instructi	ions.			Apt. no.	Your phone numb	er
City, town or post office, state, and ZIF	Picode If you have a foreign add	roce alea	a complete en en en en en en en en		<u> </u>	856 3	27 1916
Millville, NJ 08332	occor in you have a foleight and	11622, 4150	o complete spaces bel	ow (see	instructions).		
Foreign country name	·		Foreign province/sta	ato/cour	o to c	I Foreign an	ALI J.
· · · · · · · · · · · · · · · · · · ·			r oroign province/ste	10/0001	iity	Foreign po	stal code
Amended return filing status	. You must check one bo	x even	if you are not cha	naina	Lyour filing statu		
Caution. In general, you cann	ot change your filing statu	s from i	ioint to separate r	eturns	s after the due da	s. ota	
☑ Single	Married filing jointly	Marrie	d filing separately		and the dde de		
	Head of household (If the qua	alifying p	person is a child but	not vo	our dependent, see	instructions)	
	on the back to explain a			,	A. Original amount	B. Net change -	T .
	on the back to explain a	arry Cris	anges		or as previously adjusted	amount of increase	
Income and Deductions					(see instructions)	or (decrease) — explain in Part III	amount
 Adjusted gross incom 	ne. If net operating los	s (NOI	L) carryback is				
included, check here .			▶□	1	10072	(9702)	370
2 Itemized deductions or	standard deduction .			2	not supplied	unknown	
3 Subtract line 2 from line				3	not supplied	unknown	
4 Exemptions. If changing	ng, complete Part I on p	page 2	and enter the				
amount from line 30		• • •	· · · · · ·	4	1	0	1
5 Taxable income. Subtra Tax Liability	act line 4 from line 3	• • •	· · · · · · · · · · · · · · · · · · ·	5	not supplied	unknown	0
6 Tax. Enter method used	d to floure town						
o rax. Enter metriod used	To figure tax:						
7 Credits. If general be	usiness credit carryback	e la lu	and and and and	6	568	(568)	0
here	asiness credit carryback	C IS IF	iciudea, cneck	7			
8 Subtract line 7 from line	6. If the result is zero or i	ess en	ter -N-	8			
9 Other taxes				9			
10 Total tax. Add lines 8 ar	nd 9			10	568	(FCO)	
Payments					308	(568)	0
11 Federal income tax with	nheld and excess social se	curity a	and tier 1 RRTA		ļ		
tax withheld (if changin	ig, see instructions)			11			
12 Estimated tax payment	ts, including amount app	lied fro	om prior year's				
return				12			
13 Earned income credit (E	EIC)			13	0	258	258
14 Refundable credits from Sci	hedule(s) 8812 or Mo	r Form(s	2439				
☐ 4136 ☐ 5405 ☐ 880	01	8839 L	8863			*	
8885 or Oother (speci	ity):			14			
tax paid after return was	request for extension of t	ime to	file, tax paid with	origir	nal return, and ad	dditional	
				• •		15	
Refund or Amount You Ow	es 11 through 15	· · ·		401/1		16	258
17 Overpayment, if any, as	shown on original return of	ar ac a-	roviously adjusts s	40X.)	- IDO		
18 Subtract line 17 from line	e 16 (If less than zero, see	inetru	eviously adjusted	i by th	ie ins	17	0
19 Amount you owe, If line	10, column C, is more than	line 12	enter the different				
20 If line 10, column C, is le	ess than line 18, enter the	differer	onter the unlerent	001154		19	
21 Amount of line 20 you w	ant refunded to you		· · · · · ·	iount	overpaid on this		258
	nt applied to your (enter yo	ear):	estimat			21	258
	, , , , , , , , , , , , , , , , , , ,		Gaund	.ou ld/			form on Page 2.
					- Cuth	and algit tills	will on rage 2.

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	1040X (Rev. 12-2012)		4 sely 2	σÒ	5		_
	tl Exemptions		7 0 1	-00			Pagi
Com	plete this part only if you a	re:					
• inc	reasing or decreasing the r reasing or decreasing the e	number of exemptions	(personal and dependents	l clain	ned on line 6d of	tha ratura	
• Inc	reasing or decreasing the e	exemption amount for	housing individuals displa-	ced h	v a Midweetern d	ine return you a	re amending, o
					A. Original number	isaster in 2009.	T
See I	Form 1040 or Form 1040A	instructions and Form	1040X instructions.		of exemptions or amount reported or	Park Land	C. Correct
					as previously	B. Net change	number or amount
23	Yourself and spouse.	Caution. If someon	e can claim you as a	1	adjusted		
	dependent, you cannot d	laim an exemption for	VOURSALF	00			
24	Your dependent children	who lived with you		23			
25	Your dependent children wi	ho did not live with your	lue to divorce or separation	24			
26	Other dependents			25			
27	Total number of exemption	ons. Add lines 23 thro		26			
28	Multiply the number of ex	on bomielo enoitames	line 27 by the exemption	27			
	amount shown in the in	nstructions for line of	ine 27 by the exemption				
	amending		o for the year you are				
29	if you are claiming on	ovometies .		28			
	If you are claiming an displaced by a Midwester	exemption amount	for housing individuals				
	line 6 for 2009	in disaster, enter the	amount from Form 8914,				
30	Add lines 28 and 29. Enter t	the result boro and on the	, , , , , , , , , , , , , , , , , , ,	29			
31	List ALL dependents (child	tren and others) claims	le 4 on page 1 of this form	30			*****
		ren and others) claimed	d on this amended return. If	more	than 4 dependent	s, see instruction	is.
	(a) First name	Last name	(b) Dependent's social	1	(c) Dependent's	(d) Check I	box if qualifying
		Cast Harris	security number		relationship to you	child for chi	ld tax credit (see
					, , , , , , , , , , , , , , , , , , , ,	inst	ructions)
Part	Presidential Floct	ion Campaign Fun			-		
	ing below will not increase	Nour tax or mad	9				
\neg c	theck here if you did not or	your tax or reduce you	ur refund.				
ī 0	heck here if you did not properly here here if this is a joint r	eviously want \$3 to go	to the fund, but now do.				
Part	theck here if this is a joint re Explanation of chan	ges in the sees	and not previously want \$	3 to g	o to the fund, but	now does.	
						X.	
	i illiaon any support	ing documents and no	ew or changed forms and	sched	ules.		
							•
1	IRS did not supply informa	tion necessary for me t	o completely fill in this form	. The	Income recorde co	inclind by the in	
ign F	to nek block to figure taxe	es. From the same infor	o completely fill in this form mation, H&R Block indicate	s a \$2	58 re tassisaini ksia	hbuen by the IK	S were given
	iber to keen a convict this	n farma fari			and the same of th	OFFICIALSEA	1 Y.
	ber to keep a copy of this	s form for your recor	ds.			EVELYN R. NIE	
ider po	enalties of perjury I declare	that I have filed an orig	inal return and that I have	examir		NOTARY PUBLIC - NEW	JERSEY X
her the	s and statements and to the	best of my knowledge	and belief, this amended retu	ırn is t	rue leorrect and c	MF COMMITTER HE PER	accompanying
	an taxpayer) is based on all info	ormation about which the	preparer has any knowledge			20000000000000000000000000000000000000	Programmer breparer
		<u> </u>	Cotto				
O ·	ature `	Date	Spouse's signatur	e. If a ic	pint return, both must	cion	
id Pre	eparer Use Only				mit rotality both thiost	aigit.	Date
					•		
eparer's	signature	Date	Firm's name (or yo	ure if -	olf omple		
	-		i iiii s name (or yo	UIS II S6	an-employed)		
nt/type	preparer's name		Firm's address and	- חול ו			
				A ZIP CO	oue .		
N			neck if self-employed				
forme	and subtraction of the same		Ph	one nui	nper	EIN	

For forms and publications visit IDS care

1040	U.S	ment of the Treasury - Internal Revenue Service Individual Income Tax Return	<u>2</u> 003	10011 0-1		
Label		e year Jan. 1-Dec. 31, 2003, or other tax year beginning	, 2003, ending	, 20		staple in this space, B No. 1545-0074
(See instructions						al security number
on page 19.) Use the IRS		OMAS C DININIO				
label.	22	09 BUTTONWOOD LANE			spouse's	social security num
Otherwise, please print	MI	LLVILLE, NJ 08332		·	A 1	mportant!
or type.		•			Yo	u must enter
Presidential Election Camp		Note Checking "Vos" will not about				ur SSN(s) above.
(See page 19.)	aign	Note. Checking "Yes" will not change your tax or Do you, or your spouse if filing a joint return, wan	reduce your refund.	_	You	Spouse
Filing Statu	s 1	X Single	4 Head o	of household (with	Yes :	X No Yes rson). (See page 20.
_	2	Married filing jointly (even if only one had incom	e) If the au			r dependent, enter this
Check only one box.	3	Married filing separately. Enter spouse's SSN above &	full name below child's r	iame here, 🏲		
P	6a	X Yourself, If your parent (or someone clea) as	5 Qualify	ring widow(er) with	dependent	child. (See page 20.)
Exemptions	•	Yourself. If your parent (or someone else) car return, do not check box 6a	n claim you as a dependent	on his or her tax		No. of boxes checked on
	b				• • • •	> 6a and 6b
	C	Dependents:	(2) Dependent's	(3) Dependen	t's (4) Vif o	No. of children on 6c who:
		(1) First name Last name	social security numbe	rolosionalii s	Child f	- III WILLIAM
If more than five				104	child ta	or separation
dependents,						(see page 21) Dependents on 6c
see page 21.						not entered above
	d	Total number of exemptions claimed				Add numbers on lines
Income		Wages, salaries, tips, etc. Attach Form(s) W-2	<u> </u>			. above
					- //// ₇	3,360
	8	a Taxable interest. Attach Schedule B if required			. 8a	3,300
Attach		Tax-exempt interest. Do not include on line 8a	8b			
Forms W- 2 and W- 2G here.	3	a Ordinary dividends. Attach Schedule B if required Qualified dividends (see page 23)			. 9a	10
Also attach	10		96	1	0.	
Form(s) 1099-R if tax was	11	Alimony received	annome taxes (see page 2	23)	. 10	· · · · · · · · · · · · · · · · · · ·
withheld.	12	Business income or (loss). Attach Schedule C or C	E-EZ		11 12	
	13	 Capital gain/(loss). Attach Sch D. If not required che. 	ck here		13a	(3,000
		n box on 13a is checked, enter post- May 5 capital	gain distributions 13h			13,000
If you did not	14	Other gains or (losses). Attach Form 4797			. 14	
get a W- 2, see page 22.		Pensions and annuities	b Taxable an	nt	. 15b	
. •	17	Rental real estate, royalties, partnerships, S corpor	b Taxable an	nt	. 16b	
Enclose, but do	18	Farm income or (loss). Attach Schedule F	ations, trusts, etc. Attach Si	cnedule E	- 17	1844
not attach, any payment. Also,	19	Onemployment compensation			18	
lease use Form 1040- V.		Social security benefits 20a	b Tayahle am	n t	204	
-OIII 1040- V.	21	Other income. List type and amount (see page 27)			_ ////	
	22				21	
	23	Add the amounts in the far right column for lines 7 to Educator expenses (see page 29)	nrough 21. This is your total	income	▶ 22	370
Adjusted	24	IRA deduction (see page 29)			///	•
Gross ncome	25	Student loan interest deduction (see page 31)	25		-(///	
ncome	26	Tuition and fees deduction (see page 32)				
	27	Moving expenses. Attach Form 3903				
	28 29	One- half of self- employment tax. Attach Schedule	SE 28			
	30	Self- employed SED SIMPLE and munification (see pa	ge 33) 29			
	31	Self-employed SEP, SIMPLE, and qualified plans Penalty on early withdrawal of savings	30		_(///	
	33	Add lines 32 than well so.	32a		_////	
A F. 5:	34	Subtract line 33 from line 22. This is your authors			33	370.
* FOR Disclosure	e Pri	vacy Act, and Paperwork Reduction Act Notice, s			- 1 KALI	270

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Form 1040 (2		THOMAS C DININIO	[
Tax and	35	Amount from line 34 (adjusted gross income)	35	370.
· Credits	3€	a Check You were born before January 2, 1939, Blind, Total boxes	11111	3,0.
		if: Spouse was born before January 2, 1939, Blind. checked ▶ 36a		
	\neg	b If you are married filing separately and your spouse itemizes deductions, or	-////	
Standard Deduction		you were a dual-status alien, see page 34 and check here		
for-	L			
• People wh	. T 37	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	27	4 750
checked any	7 38	Subtract line 37 from line 35	37	4,750.
box on line	39			(4,380.
36a or 36b o who can be	r	line 6d. If line 35 is over \$104,625, see the worksheet on page 35		
claimed as a	40	Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter - 0-	39	<u>3,050.</u>
dependent,	41	Tax Check if any tax is from: a Secretary code at the Salismore than line 38, enter -0-	40	0.
see page 34.	42	Tollings) 6614 B Form 4972	41	0.
All others:	1		42	· · · · · · · · · · · · · · · · · · ·
Single or	44	The man of the state of the sta	43	0.
Married filing.	45	Total and a section and a sect	-////	
separately, \$4,750	46	Credit for child and dependent care expenses. Attach Form 2441 45	_////	
Married filing	47	Credit for the elderly or the disabled. Attach Schedule R		
jointly or Qualifying	48	Education credits. Attach Form 8863		
widow(er), \$9,500	49	Retirement savings contributions credit. Attach Form 8880		
Head of		Child tax credit (see page 40)		
household, \$7,000	50	Adoption credit. Attach Form 8839		
	51 ل	Credits from: a Form 8396 b Form 8859 . 51		
	52	Other credits. Check applicable box(es): a Form 3800		
	F4	b Form 8801 c Specify 52		
	53	Add lines 44 through 52. These are your total credits	53	·
	54	Subtract line 53 from line 43. If line 53 is more than line 43, enter - 0-	54	0.
Other	55	Seir-employment tax. Attach Schedule SE	55	
Taxes	56	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	56	
	57	lax on qualified plans, including IRAs, and other tax- favored accounts.	57	
	58	Advance earned income credit payments from Form(s) W-2	58	
	59	Household employment taxes. Attach Schedule H	59	
	60	Add lines 54 through 59. This is your total tax	60	0.
Payments	61	Federal income tax withheld from Forms W- 2 and 1099		
If you have a	62	2003 estimated tax payments & amount applied from 2002 return 62		
qualifying	63	Earned income credit (EIC)		
child, attach Schedule Ele	64	Excess social security and tier 1 RRTA tax withheld (see page 56) 64		
(OSTIONATION ET	00	Additional child tax credit. Attach Form 8812		
	66	Amount paid with request for extension to file (see page 56) 66		
	67	Other payments from: a Porm 2439 b Form c Form 8885 67		
	68	Add lines 61 through 67. These are your total payments.	68	258.
Refund	69	If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overnaid	69	258.
Direct deposit?	70a	Amount of line 69 you want refunded to you	70a	258.
See page 56	▶ b	Routing number XXXXXXXXX ► c Type: Streekings Servings		
and fill in 70b, 70c, and 70d.	► d	Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	71	Amount of line 69 you want applied to 2004 estimated tax		
Amount	72	Amount you owe. Subtract line 68 from line 60. For details on how to pay, see page 57	72	
You Owe		Estimated tax penalty (see page 58)		
Third Party	Do you	want to allow another person to discuss this return with the IRS (see page 58)? Yes. Comple	ete the fo	llowing. No
Designee	Design	ee's name Phone no.		
_	<u> </u>			Personal ID number (PIN) ►
	Underp	enalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the new are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	best of m	v knowledge and
Sign	pener. n			hae one knowledge
Here	You	is gpature	preparer i	ras any knowledge.
Here Joint return?	You	Date Your occupation	preparer t Daytime	phone number
Here Joint return? See page 20.	Z	Date Your occupation SCHOOL AIDE	preparer t Daytime	e phone number
Here Joint return?	Z	Date Your occupation	Daytime	e phone number
Here Joint return? See page 20. Keep a copy for your records.	Špo	use's signature. If a joint return, both must sign. Date Your occupation SCHOOL AIDE Spouse's occupation	Daytime	e phone number
Here Joint return? See page 20. Keep a copy for your records. Paid	Z	use's signature. If a joint return, both must sign. Date Your occupation SCHOOL AIDE Spouse's occupation Date Date Check if	Daytime	e phone number
Here Joint return? See page 20. Keep a copy for your records. Paid Preparer's	Spo Preparer signature	Use's signature. If a joint return, both must sign. Date Spouse's occupation SCHOOL AIDE Spouse's occupation Date Check if 2/13/2013 self-employed	Daytime ///////// Prepared	e phone number
Here Joint return? See page 20. Keep a copy for your records. Paid Preparer's	Spo Preparer signature	Date Your occupation SCHOOL AIDE use's signature. If a joint return, both must sign. Date Spouse's occupation Date Check if 2/13/2013 self- employed ame (or elf- employed) H AND R BLOCK EASTERN ENTERPRISES I EIN 4:	Daytime Prepared 3-16:	e phone number // // // // // // // // // // // // //
Here Joint return? See page 20. Keep a copy for your records. Paid Preparer's	Spo Preparer signature	Use's signature. If a joint return, both must sign. Date Spouse's occupation SCHOOL AIDE Spouse's occupation Date Check if 2/13/2013 self- employed	Daytime Prepared 3-16:	r's SSN or PTIN

SCHEDULE D · (Form 1040)

Capital Gains and Losses

Attach to Form 1040. ► See Instructions for Schedule D (Form 1040). OMB No. 1545-0074 2003 Attachment

Department of the Treasury Internal Revenue Service (99)

nifetusi K	evenue Service (99)		NODACINA D.						1	
Name(s) shown on Form 104	•	odneduje D-	1 co list a	additional transac	tions for lines	1 and 8			Attachment Sequence No. 12
THOM	AS C DININ	IO)	our socia	al security number
Part	Short- Terr	n Capital Gains	and Loss	es - A	ssets Held O	ne Year or	· Loce			
(a) De (Exam	scription of property ple: 100 sh. XYZ Co.)	(b) Date acquired	(c) Date	sold	I (d) Sales price	(e) Cost of	orother	/f) Gain	or (loss)	(c) Danie 11
4	pic. 100 Sil. X12 Co.)	(Mo., day, yr.)	(Mo., da	y, yr.)	(see page D-6 of the instructions	I IDasis (see r	nane D.			(g) Post- May 5 gain or (loss)*
TTDC '	DT373370					or the man	uctions	Subtract	(e) from (d	(see below)
055	FINANCIAL	VARIOUS	09/11/	2003	280	ا. (250		20	
IIRG	FINANCIAL						200	•	30.	30
000	EINANCIAL	VARIOUS	08/19/	2003	2,996	. 2	700		296.	
IIRS	FINANCIAL							'	230.	296
<u> </u>	THANCIAL	VARIOUS	12/30/	2003	6,796	. 6.	600.		196.	
									190.	196
2 Enter	your short- term tota	1- 15								
Sche	dule D. 1 line 2	is, if any, from								
3 Total	dule D-1, line 2 short-term sales p			2						1
Add li	nee 1 and 2 in column	rice amounts.		1 1						
4 Short	ines 1 and 2 in column	(a)		3	10,072	<u> </u>				
6781	term gain from Forn	10202 and short-term	n gain or (loss)) from Fo	rms 4684,		The same of the sa			
5 Netsh	and 8824	-\ funus				• • • •	. 4			
	torrigani or (ios	e) irom parmersnibs,	Scorporation:	s, estates	s, and trusts		·			
6 Short-	term capital loss son	Nover Enterthe					5		-	
2002 (
7a Comb	Capital Loss Carryove	n column (a) (a)					6	(,	
	ine lines 1 through 5 i vise, enter - 0 Do no	" COMMINICAL IT THE FE	sult is a loss, e	enter the r	result.					
	THE OUT OF THE	ar eniei more than 26	ra				1 1		///////	
b Netsh	Ort- term canital cal	nordonal Cambin	10				7a			(
b Netsh	ort- term capital gai	n or (loss). Combine	lines 1 throug	th G in an I	le como a de			<i>/////////////////////////////////////</i>	<u>/////</u> 522.	
Part II	Long- Term (n or (loss). Combine Capital Gains a (b) Date	lines 1 throug nd Losses	h6incol	lumn (f) sets Held Mor	e Than On	7b le Yea	//////////////////////////////////////	······································	
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9 Enter you Schedul O Total io Add line 1 Gain fron long-ter	cur long- term totals, in le D- 1, line 9 ng- term sales price s 8 and 9 in column (om Form 4797, Part I; im gain or (loss) from	nor (loss). Combine Capital Gains a (b) Date acquired (Mo., day, yr.) fany, from amounts, d) ong-term gain from Forms 4684, 6781, ar	elines 1 throug nd Losses (c) Date so (Mo., day,)	9 10 d 6252; a	Jumn (f) Sets Held Mor (d) Sales price (see page D- 6 of the instructions)	e Than On	7b Ne Yea other ge D- 6 ctions)	(6) Calman	.71:	gain or (loss)*
9 Enter you Schedul O Total Io Add line 1 Gain fron long-ter 2 Net long-	ort-term capital gai Long-Term ription of property e: 100 sh. XYZ Co.) our long-term totals, it le D-1, line 9 ng-term sales price s 8 and 9 in column (o m Form 4797, Part I; le m gain or (loss) from	nor (loss). Combine Capital Gains a (b) Date acquired (Mo., day, yr.) fany, from amounts, d) ong-term gain from Forms 4684, 6781, ar	elines 1 throug nd Losses (c) Date so (Mo., day,)	9 10 d 6252; a	Jumn (f) Sets Held Mor (d) Sales price (see page D- 6 of the instructions)	e Than On	7b e Yea	(6) Calman	.71:	gain or (loss)*
9 Enter you Schedul O Total Io Add line 1 Gain fron long-ter 2 Net long-	pur long- term totals, in le D-1, line 9 ng- term sales price s 8 and 9 in column (or m Form 4797 Part III)	nor (loss). Combine Capital Gains a (b) Date acquired (Mo., day, yr.) fany, from amounts. d) ong-term gain from F Forms 4684, 6781, ar om partnerships, S c	dines 1 through the Losses (c) Date so (Mo., day, y) Forms 2439 and 8824	9 10 d 6252; a	Jumn (f) Sets Held Mor (d) Sales price (see page D- 6 of the instructions)	e Than On	7b Ne Yea other ge D-6 ctions)	(f) Gain or for the ent Subtract (e)	r (loss) ire year) from (d)	gain or (loss)* (see below)
9 Enter you Schedu 0 Total to Add line 1 Gain from long-ter 2 Net long from Sch	ort-term capital gai Long- Term ription of property e: 100 sh. XYZ Co.) our long-term totals, it le D- 1, line 9 ng-term sales price s 8 and 9 in column (o m Form 4797, Part I; lim m gain or (loss) from term gain or (loss) from	nor (loss). Combine Capital Gains a (b) Date acquired (Mo., day, yr.) fany, from amounts. d) cong-term gain from F Forms 4684, 6781, ar	clines 1 through the Losses (c) Date so (Mo., day, y) forms 2439 and 8824 orporations, e	9 10 d 6252; a	Jumn (f) Sets Held Mor (d) Sales price (see page D- 6 of the instructions)	e Than On	7b Ne Yea other ge D- 6 ctions)	(6) Calman	r (loss) ire year) from (d)	gain or (loss)* (see below)
9 Enter you Schedul 10 Gain from Sch	cur long- term totals, in length sales prices and 9 in column (om Form 4797, Part I; length gain or (loss) from term gain or (loss) from lend	nor (loss). Combine Capital Gains a (b) Date acquired (Mo., day, yr.) fany, from amounts. d) ong-term gain from F Forms 4684, 6781, ar om partnerships, S c	dines 1 through delines 1 through delines 1 through delines 2 thro	9 10 d 6252; a	Jumn (f) Sets Held Mor (d) Sales price (see page D- 6 of the instructions) and nd trusts	e Than On	7b Ne Yea other ge D- 6 ctions)	(f) Gain or for the ent Subtract (e)	r (loss) ire year) from (d)	gain or (loss)* (see below)
9 Enter you Schedu 0 Total to Add line 1 Gain from Sch 3 Capital g Long-ter 1 Long-ter 2 Net long-ter 2 Net long-ter 3 Capital g Long-ter 1 Lon	cort-term capital gai Long-Term ription of property e: 100 sh. XYZ Co.) Dur long-term totals, it le D- 1, line 9 ng-term sales price s 8 and 9 in column (o m Form 4797, Part I; le m gain or (loss) from term gain or (loss) from ledule(s) K-1 ain distributions. See	nor (loss). Combine Capital Gains a (b) Date acquired (Mo., day, yr.) fany, from amounts, d) ong-term gain from F Forms 4684, 6781, ar om partnerships, S c	dines 1 through delines 1 through delines 1 through delines 2 days, years 2439 and 8824 or porations, exercitors	9 10 d 6252; a	Jumn (f) Sets Held Mor (d) Sales price (see page D-6 of the instructions)	e Than On	7b Ne Yea other ge D-6 ctions)	(f) Gain or for the ent Subtract (e)	r (loss) ire year) from (d)	gain or (loss)* (see below)
9 Enter you Schedu 10 Total lo Add line 11 Gain from Schedu 2 Net long from Schedu 2 Capital g 1 Long-ter 2002 Capital g 1	cur long- term totals, in le D-1, line 9 ng- term sales price s 8 and 9 in column (or m Form 4797, Part I; lim gain or (loss) freedule(s) K-1 ain distributions. See m capital loss Carryover Voital Loss Carryover V	nor (loss). Combine Capital Gains a (b) Date acquired (Mo., day, yr.) fany, from amounts, d) cong-term gain from F Forms 4684, 6781, ar om partnerships, S c	clines 1 through delines 1 through delines 1 through delines 1 through delines 2 thr	9 10 d 6252; a states, an	Jumn (f) Sets Held Mor (d) Sales price (see page D-6 of the instructions) and and and trusts	e Than On	7b Ne Yea other ge D- 6 ctions) 11 12	(f) Gain or for the ent Subtract (e)	r (loss) ire year) from (d)	gain or (loss)* (see below)
Part II (a) Desc (Example 8 9 Enter you Schedu 0 Total io Add line 1 Gain from long-ter 2 Net long from Sch 3 Capital g Long-ter 2002 Cap	cur long- term totals, in le D-1, line 9 ng- term sales price s 8 and 9 in column (or m Form 4797, Part I; lim gain or (loss) freedule(s) K-1 ain distributions. See m capital loss Carryover Voital Loss Carryover V	nor (loss). Combine Capital Gains a (b) Date acquired (Mo., day, yr.) fany, from amounts, d) cong-term gain from F Forms 4684, 6781, ar om partnerships, S c	clines 1 through delines 1 through delines 1 through delines 1 through delines 2 thr	9 10 d 6252; a states, an	Jumn (f) Sets Held Mor (d) Sales price (see page D-6 of the instructions) and and and trusts	e Than On (e) Cost or of basis (see part of the instruction of the in	7b Ne Yea other ge D-6 ctions) 11 12 13	(f) Gain or for the ent Subtract (e)	r (loss) ire year) from (d)	gain or (loss)* (see below)
9 Enter you Schedu 10 Gain from long-ter 2 Net long from Sch 2002 Cap 15 Combine 15 Combine 16 Combine 17 Combine 17 Combine 17 Combine 18 Capital graph 18 Cap	cort-term capital gai Long-Term ription of property 100 sh. XYZ Co.) Long-term totals, it le D-1, line 9 ng-term sales price 8 and 9 in column (on Form 4797, Part I; le m gain or (loss) from term gain or (loss) from term gain or (loss) from ain distributions. See m capital loss carryover V lines 8 through 13 in	nor (loss). Combine Capital Gains a (b) Date acquired (Mo., day, yr.) fany, from amounts. d) ong-term gain from F Forms 4684, 6781, ar om partnerships, S c e page D-2 of the instruction ver. Enter the amount Vorksheet column (g). If zero or	clines 1 through delines 1 through delines 1 through delines 1 through delines 2 thr	9 10 d 6252; a states, an	Jumn (f) Sets Held Mor (d) Sales price (see page D- 6 of the instructions) and and mod trusts	e Than On (e) Cost or of basis (see part of the instruction of the in	7b Ne Yea other ge D- 6 ctions) 11 12	(f) Gain or for the ent Subtract (e)	r (loss) ire year) from (d)	gain or (loss)* (see below)
9 Enter you Schedu 10 Gain from long-ter 2002 Cap 5 Combine Net long-fine Net long-fin	cort-term capital gain Long-Term (cong-Term (cong-Term (cong-Term (cong-term totals, it le D- 1, line 9	fany, from famounts. amounts.	clines 1 through delines 1 through delines 1 through delines 1 through delines 2 thr	9 10 d 6252; a states, an	Jumn (f) Sets Held Mor (d) Sales price (see page D- 6 of the instructions) and and mod trusts	e Than On (e) Cost or of basis (see part of the instruction of the in	7b Ne Yea other ge D-6 ctions) 11 12 13	(f) Gain or for the ent Subtract (e)	(loss) ire year) from (d)	gain or (loss)* (see below) (9,306.)
9 Enter you Schedu 10 Total lo Add line 1 Gain from long-ter 2 Net long from Sch 3 Capital g 4 Long-ter 2002 Cap 5 Combine Net long- Next: Go	cur long- term totals, in le D-1, line 9 ng- term sales price s 8 and 9 in column (or m Form 4797, Part I; lim gain or (loss) freedule(s) K-1 ain distributions. See m capital loss Carryover Voital Loss Carryover V	fany, from famounts. amounts.	clines 1 through delines 1 thr	9 10 d 6252; a states, an	Jumn (f) Sets Held Mor (d) Sales price (see page D-6 of the instructions) and nd trusts your	e Than On (e) Cost or of basis (see part of the instruction of the in	7b Ne Yea other ge D-6 ztions) 11 12 13 14 (15	(f) Gain or for the ent Subtract (e)	(loss) ire year) from (d)	gain or (loss)* (see below) (9,306.)

D-8 of the instructions) or eligible gain on qualified small business stock (see page D-4 of the instructions).

Representation 1250 gain, "collectibles gains and losses" (as defined on page KBA For Paperwork Poduction A-4 Notice of Paperwork P KBA For Paperwork Reduction Act Notice, see Form 1040 instructions.

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		OMAS C DININIO		
		edule D (Form 1040) 2003		•
•		t III Taxable Gain or Deductible Loss		Page
	17a	Combine lines 7b and 16 and enter the result. If a loss, enter -0- on line 17b and go to line 18.		
		If a gain, enter the gain on Form 1040, line 13a, and go to line 17b below.	. 17a	(8,784)
	IJ	Combine lines 7a and 15. If zero or less, enter - 0 Then complete Form 1040 through line 40.	. 17b	
		Next: • If line 16 of Schedule D is a gain or you have qualified dividends on Form 1040, line		
		9b, complete Part IV below.		
	10	Otherwise, skip the rest of Schedule D and complete Form 1040.		
i	18	If line 17a is a loss, enter here and on Form 1040, line 13a, the smaller of (a) that loss or		
		(b) (\$3,000) (or, if married filing separately, (\$1,500)) (see page D- 7 of the instructions)	18	(3,000.
		Next: • If you have qualified dividends on Form 1040, line 9b, complete Form 1040 through		
		line 40, and then complete Part IV below (but skip lines 19 and 20).		
Г	Dar	Otherwise, skip Part IV below and complete the rest of Form 1040. Tax Computation Using Maximum Capital Coine Pater.		
U	rai	The state of the s		
4	^	If line 16 or line 17a is zero or less, skip lines 19 and 20 and go to line 21. Otherwise, go to line 19.		
	9	Enter your unrecaptured section 1250 gain, if any, from line 18 of the worksheet on page D- 7	19	
2	0	Enter your 28% rate gain, if any, from line 7 of the worksheet on page D-8 of the instructions	20	
		If lines 19 and 20 are zero, go to line 21. Otherwise, complete the worksheet on page D-11 of the instructions to figure amount to enter on lines 35 and 53 holow and older the worksheet on page D-11 of the instructions to figure amount to enter on lines 35 and 53 holow and older the worksheet on page D-11 of the instructions to figure amount to enter on lines 35 and 53 holow and older the worksheet on page D-11 of the instructions to figure amount to enter on lines 35 and 53 holow and older the worksheet on page D-11 of the instructions to figure amount to enter on lines 35 and 53 holow and older the worksheet on page D-11 of the instructions to figure amount to enter on lines 35 and 53 holow and older the worksheet on page D-11 of the instructions to figure amount to enter on lines 35 and 53 holow and older the worksheet on page D-11 of the instructions to figure amount to enter on lines 35 and 53 holow and older the worksheet on page D-11 of the instructions to figure amount to enter on lines 35 and 53 holow and older the worksheet on page D-11 of the instructions to figure amount to enter on the page D-11 of the instructions to figure amount to enter our design and the figure amount t	ra	
_		and an of the sold and so below, and skip an other lines below.		
2		Enter your taxable income from Form 1040, line 40	21	1
2	-	Enter the smaller of line 16 or line 17a, but not less than zero 22		
2	ა ₄	Add the sea of the sea		1
2	-	Add lines 22 and 23		
2	5 C	Amount from line 4g of Form 4952 (investment interest expense) 25		
2	7	Subtract line 25 from line 24. If zero or less, enter - 0-	26	
2	, 0	Subtract line 26 from line 21. If zero or less, enter - 0-	27	
4		Enter the smaller of line 21 or:		
		• \$56,800 if married filing jointly or qualifying widow(er);		
		• \$28,400 if single or married filing separately; or		
		\$38,050 if head of household		
20	1	If line 27 is more than line 28, skip lines 29- 39 and go to line 40.		
29		Enter the amount from line 27		
31	, ,	Subtract line 29 from line 28. If zero or less, enter - 0- and go to line 40		
		Add lines 17b and 23*		
32	. !	Enter the smaller of line 30 or line 31.		
33		Multiply line 32 by 5% (.05)	33	************
34	. I	f lines 30 and 32 are the same, skip lines 34-39 and go to line 40.		
35		Subtract line 32 from line 30		
30	 	Enter your qualified 5- year gain, if any, from		
36		ne 8 of the worksheet on page D- 10		
37		Inter the smaller of line 34 or line 35		
38	9	Aultiply line 36 by 8% (.08)	37	
39	٨	Subtract line 36 from line 34		
- •	14	fultiply line 38 by 10% (.10) Flines 26 and 30 are the same, skip lines 40- 49 and go to line 50.	39	
40	F	nter the smaller of line 24 or line 26		
41	=	inter the smaller of line 21 or line 26.		
12	S	inter the amount from line 30 (if line 30 is blank, enter - 0-)		
13	A	ubtract line 41 from line 40		
14	F	dd lines 17b and 23*		
15	, C	nter the amount from line 32 (if line 32 is blank, enter - 0-)		
16				
17	E.A	nter the smaller of line 42 or line 45		
18	1VI	ultiply line 46 by 15% (.15)	47	
	ان م	ubtract line 46 from line 42		
9	IVI	ultiply line 48 by 20% (.20)	49	
0	• 1	gore the tax of the amount of line 27, Use the Tax Table or Tax Rate Schedules, whichever applies	50	
1	A	id lines 33, 37, 39, 47, 49, and 50	51	
2	F1(Table of Tax Rate Schedules, whichever applies	52	
3 If li		ix of all taxage income. Enter the smaller of line 51 or line 52 here and on Form 1040, line 44	53	
15 13	162	(3200 /320 more than 7010 cool inco 34 and 40 and 50 at 11		(Form 1040) 2003
				. ,

5	Schedule E (Form 1040) 2003					A Hanah						
٠. ١	Name(s) shown on return.					Attachi	ment Se	quence	No. 13			Page
г	THOMAS C DININIO										Yoursocial	security number
_	Part II Income or Loss F	rom Pa	rtnership	s and S	Corpora	ions No	te. If you	ı report	a loss fror	n an at-	risk activity	for
Г	any anount one	Lattisk, yo	u must ched	ck column (e) on line 28 :	and attach	Form 6	108 50	e page E-	1.	Hait activity	101
	27 Are you reporting losses not al not reported on Form 8582, or	lowed in ni	int voore du			mitations,	passive	losses			ŗ	7. [
	If you answered "Yes " see noo	a E Shot				· · ·	• •	• •		•	· · · L	Yes X N
-	Caution: The IRS compares a		orted on yo	ur tax return v	with amoun	<u>ts shown a</u> iter P for						
	(a) ive	me			partn	ership S	fore	neck if eign	(d) ide	Emplo ntificati	yer on	(e) Check if any amount is
A					TOFSCO	rporation P	partn	ership		ıumber		notatrisk
B							 		22-2	9351	189	
<u>C</u>							 				<u> </u>	
. "									*********			
_	Passive Income (f) Passive loss allowed						Non	passive	Income	and Los	ss	,
	(attach Form 8582 if required)	(g)	Passive inco	ome K-1	(h) Nonpa	ssive loss		i) Section	n 179 ext	ense	(i) Non	passive income
A				13-1	from Sche	aule K- 1	d€	duction	from For	m 4562	from S	Schedule K-1
В												
BCD						· · · · · · · · · · · · · · · · · · ·						
	a Totals		7777									
	b Totals						22.		<u> </u>			
30 31	The statement (g) and (j) or line 25	a				. ,				30	<i>*************************************</i>	0.
32	and designing (1), (11), and (1) of little	∋29b .								31	(0.
	Total partnership and S corpor result here and include in the tota	ation incoi	ne or (loss)). Combine li	nes 30 and	31. Enter t	he					
P	art III Income or Loss Fr	om Esta	tes and	Truete			<u></u>			32		0.
33						····				Τ		
_			(a) N	ame							(b) Em	ployer
AB	-		· · · · · · · · · · · · · · · · · · ·							 	TO OTTAINOBLE	muniber
민												· ·
	(c) Passive deduction or loss all	ncome an						Non	passive I	come	and Loss	
	(attach Form 8582 if require	owea d)	(d)	Passive inco n Schedule l	me K. 4	(е) Deduc	tion or i	oss		(f) Other inc	come from
A			,	- Octrodate	<u>//- 1</u>	Tre	om Sch	edule K	- 1	<u> </u>	Schedu	
A B				***************************************								
34a	a Totals											
b												
35 26	Add columns (d) and (f) of line 34a									35		
36 	Add columns (c) and (e) of line 34b									36	,	
37	Total estate and trust income or include in the total on line 41 below	(loss). Cor	nbine lines 3	35 and 36. En	iter the resu	It here and	i					
Pa	rt IV Income or Loss Fro	m Real	Estate M	ortagae I	nico of me			· · · · · ·		37		
38	(a) Name	(b) Emp	lover	I (C) EXCESS	i inclusion t	mm i				Resid	ual Hold	er
	(a) Name	entification	number) Schedu	ies Q, line 2 page E- 6)	- RUI	faxable m Sche	income dules C	(net loss) , line 1b		(e) Incom	e from
				•				441034	i, inte 15		Schedules	Q, line 3b
39	Combine columns (d) and (e) only.	Enter the r	esuit here a	nd include in	the total on	line 41 be	low	· · · · · · · · · · · · · · · · · · ·		39		
	are a Summary								- · · · · · · · · · · · · · · · · · · ·	33		
	Net farm rental income or (loss) from	n Form 48:	35. Also, cor	mplete line 42	below .					40		
, ,	Total income or (loss). Combine li	nes 26, 32,	37, 39, and	40. Enter the	result here	and on Fo	rm 104	0, line 17	_ ▶	41	·····	0.
2	Reconciliation of Farming and Fis	hing Inco	me. Enter vo) III arnee								
	remaining and itstilled income tenomes	1 OD BOIM .	107E II	O-1 - 1 - 1	- 1	1						
	K- 1 (Form 1065), line 15b; Schedule Schedule K- 1 (Form 1041), line 14 (3 K_ 1 (60 cm	w 1120c) ii.	ne 23; and		42						
					· · · -	42						
ئ ا	Reconciliation for Real Estate Pro	fessionals	s. If you were	e a real estate	•							
	anywhere on Form 1040 from all ren	tel real ect	me or (loss)	you reported	i	1						
	you materially participated under the	passive a	ctivity loss ru	iles .	1.	13						
340	Sah = (2002)											

Form **8582 Passive Activity Loss Limitations** OMB No. 1545-1008 See separate instructions. Department of the Treasury Internal Revenue Service Attachment Attach to Form 1040 or Form 1041. Sequence No.88 Name(s) shown on return Identifying number THOMAS C DININIO Part 1 2003 Passive Activity Loss Caution: See the instructions for Worksheets 1, 2, and 3 on pages 7 and 8 before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation see Special Allowance for Rental Real Estate Activities on page 3 of the instructions.) 1a Activities with net income (enter the amount from Worksheet 1, 1a b Activities with net loss (enter the amount from Worksheet 1, 16 c Prior years unallowed losses (enter the amount from Worksheet Combine lines 1a, 1b, and 1c Commercial Revitalization Deductions From Rental Real Estate Activities 2a Commercial revitalization deductions from Worksheet 2, column (a). b Prior year unallowed commercial revitalization deductions from 2b c Add lines 2a and 2b All Other Passive Activities 3a Activities with net income (enter the amount from Worksheet 3, b Activities with net loss (enter the amount from Worksheet 3, 3b 9,306. c Prior years unallowed losses (enter the amount from Worksheet 3, column (c)) d Combine lines 3a, 3b, and 3c (9.306.)Combine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Do not complete Form 8582. Report the losses on the forms and schedules normally used (9,306.)If line 4 is a loss and: • Line 1d is a loss, go to Part II. Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15. Part II Special Allowance for Rental Real Estate With Active Participation Note: Enter all numbers in Part II as positive amounts. See page 8 for an example. Enter the smaller of the loss on line 1d or the loss on line 4 5 6 Enter \$150,000. If married filing separately, see page 8 Enter modified adjusted gross income, but not less than zero (see page 8) 7 Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter - 0- on line 10. Otherwise, go to line 8. 8 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see page 8 9 10 Enter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15. Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities Note: Enter all numbers in Part III as positive amounts. See the example for Part II on page 8. Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions . 11 11 12 12 Reduce line 12 by the amount on line 10 13 13 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13 14 Part IV Total Losses Allowed Add the income, if any, on lines 1a and 3a and enter the total 15 Total losses allowed from all passive activities for 2003. Add lines 10, 14, and 15. See 16 page 11 of the instructions to find out how to report the losses on your tax return 16 KBA For Paperwork Reduction Act Notice, see page 12 of the instructions.

Form 8582 (2003)

Caution: The worksheets must be fill Worksheet 1 - For Form 8582, Lines	1a. 1b. and 1r	See page 7	of the instruction	r records.		
			The instruction	1S.)		
Name of activity		rent year	Prioryears	Overa	l gain or loss	
	(a) Net income (b) Net loss (line 1a) (line 1b)		(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss	
			·			
Total. Enter on Form 8582, lines 1a,						
Worksheet 2 - For Form 8582 Lines	20 and 25 /Ca	0 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -				
Worksheet 2 - For Form 8582, Lines	Za and Zb (Se	e page 8 of the rentyear				
Name of activity		ns (line 2a)	(b) Prior unallowed deduc	year	(c) Overall loss	
				dons (mie 2b)		
		•				
Total. Enter on Form 8582, lines 2a						
and 2b						
Worksheet 3 - For Form 8582, Lines	3a, 3b, and 3c	(See page 8 o	f the instruction	s.)		
	ı	entyear	Prior years		gain or loss	
Name of activity	(a) Net income	T		Overall	gain or loss	
	(line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss	
FOM DININIO		9,306			9,30	
					3,300	
otal. Enter on Form 8582, lines 3a,						
b, and 3c		9,306				
Vorksheet 4 - Use this worksheet if a	n amount is s	hown on Form	8582, line 10 or	14 (See page	9.)	
Name of activity	Form or schedule and line number to be reported on (see instructions)	1	(b) Ratio	(c) Special allowance	(d) Subtract colur (c) from column (
otal	_		_			
orksheet 5 - Allocation of Unallowed	I Losses (See	nage Q of the i	1.00			
	Losses (Occ	Form or schedule	Instructions.)			
Name of activity		and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed los	
OM DININIO		SCH E L28	9,306	1.00000	9,306	
tal			; 1		1	

Form 8582 (2003) THOMAS C DININ	IO				<u></u>
Worksheet 6 - Allowed Losses (See	page 9 of the	instructions.)		*	Page
Name of activity	Fo an be	orm or schedule d line number to reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
TOM DININIO		SCH E L28	9,306	0.306	
		Den H HES	9,306	9,306	
					· · · · · · · · · · · · · · · · · · ·
Total			9,306	0 306	·
Worksheet 7 - Activities With Losses	Reported on	Two or More Di	ifferent Forms o	9,306	20 200 10 1
Name of Activity:	I .	1			e page 10.)
·	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number					
to be reported on (see			X/////////////////////////////////////		
instructions):					
1a Net loss plus prior year unallowed			X/////////////////////////////////////		
loss from form or schedule					
b Net income from form or					
schedule					
c Subtract line 1b from line 1a. If zero or less, enter	- O				
Form or schedule and line number					
to be reported on (see					
instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or					
schedule	•				
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
c Subtract line 1b from line 1a. If zero or less, enter	<u>-0</u> ▶			ļ	
Form or schedule and line number					
to be reported on (see					
instructions):			<i>(////////////////////////////////////</i>		
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or					
schedule					
c Subtract line 1b from line 1a. If zero or less, enter-	0			N. C.	
Fotal					
	<u> </u>		1.00	1	

Case 1:13-cv-05296-RBK-JS Document 3 Filed 09/27/13 Page 17 of 44 PageID: 24

N	Supporting Sche	edules		2003
Name: THOMAS C DININIO			SSN:	-
Federal Schedule D, Page 1 Capital Gain/Loss from Sch	nedules K1			
Name	EIN	Term Held	Taxable Amount	Post-May 5 gain/loss
TOM DININIO	22-2935089	T.	/0 206)	

Case 1:13-cv-05296-RBK-JS Document 3 Filed 09/27/13 Page 18 of 44 PageID: 25

Je: 1 Document Name: CSC_IDRS

PTRN02436891522003000000

CUMENT TYPE: W-2

(EE ENTITY DATA:

10MAS C DININIO

209 BUTTONWOOD LA

LLVILLE

FATE: NJ ZIP: 08332-0000

COUNT NUMBER: N/A

(ER ENTITY DATA:

216000249

'ER ENTITY DATA: 216000248

!LLVILLE BOARD OF EDUCATION
) BOX 5010 COMPUTER ROOM
!LLVILLE NJ 08332

'PE OF EMPLOYMENT: ALL OTHERS ED TAX WH.....\$0

GES.....\$3,360+
) SEC WH.....\$208+
) SEC WAG....\$3,360+
EDCARE WH....\$48+
EDCARE WG....\$3,360+

-

COPY

TAXPAYER

STATUTORY EMPLOYEE IND: NO

ite: 12/13/2012 Time: 11:21:45 AM

Case 1:13-cv-05296-RBK-JS Document 3 Filed 09/27/13 Page 19 of 44 PageID: 26

je: 1 Document Name: CSC_IDRS

PTRN02436891522003000000

*(TY2003)

PAGE 0002 OF 0009

CUMENT TYPE: 5498

'EE ENTITY DATA:

LA FBO THOMAS'C DININIO

109 BUTTONWOOD LANE

LLVILLE

ATE: NJ ZIP: 08332-3615

OUNT NUMBER: 3N60468024368915

'ER ENTITY DATA: 132638166
IS FINANCIAL SERVICES INCORPORATED

.00 HARBOR BLVD 6TH FL

EHAWKEN

NJ 07087

IRA CODE: CHECKED

SEP CODE: NOT CHECKED

SIMPLE CODE: NOT CHECKED

ROTH IRA CODE: NOT CHECKED

RMD FOR SUBSEQUENT YEAR: NOT CHECKED

IV ACCT......\$9,800+

ate: 12/13/2012 Time: 11:22:07 AM

je: 1 Document Name: CSC_IDRS

PTRN02436891522003000000

*(TY2003)

PAGE 0003 OF 0009

CUMENT TYPE: 5498 ÆE ENTITY DATA:

HOMAS C DININIO 209 BUTTONWOOD LN

ELLVILLE

FATE: NJ ZIP: 08332-3615

IRA CODE: CHECKED SEP CODE: NOT CHECKED

COUNT NUMBER: DTJ00018501000181150

(ER ENTITY DATA: 132656035 IE GUARDIAN PARK AVENUE FUND

SIMPLE CODE: NOT CHECKED

) BOX 219611

ROTH IRA CODE: NOT CHECKED - STATE STREET BANK TRUST C/O BFDS SER RMD FOR SUBSEQUENT YEAR: NOT CHECKED

WSAS CITY

MO 64121

IV ACCT.....\$746+

ate: 12/13/2012 Time: 11:22:15 AM

Case 1:13-cv-05296-RBK-JS Document 3 Filed 09/27/13 Page 21 of 44 PageID: 28

ptrn02436891522003000000 *(Ty2003)

DCUMENT TYPE K-1 1120s

ree entity data:

M DININIO
209 BUTTONWOOD LN

ILLVILLE

FATE: NJ ZIP: 08332-0000

/ER ENTITY DATA: 222935089

HOMAS DININIO INC
209 BUTTONWOOD LN

EL COMMENT TYPE K-1 1120s

PAGE 0004 OF 0009

PAGE 0004 OF 0009

[LLVILLE

NJ 08332

ate: 12/13/2012 Time: 11:22:20 AM

Case 1:13-cv-05296-RBK-JS Document 3 Filed 09/27/13 Page 22 of 44 PageID: 29

je: 1 Document Name: CSC_IDRS

'TRN02436891522003000000

*(TY2003)

CUMENT TYPE: 1099-B

'EE ENTITY DATA:

M DININIO

09 BUTTONWOOD LANE LLVILLE NJ 08332-361

ATE: NJ ZIP: 08332-3615

OUNT NUMBER: 3N0161900512349 ER ENTITY DATA: 132638166

S FINANCIAL SERVICES INC.

00 LINCOLN HARBOR BLVD

EHAWKEN

NJ 07086

EM DESCRIPTION: N/A

D TAX WH.....\$0 OCK&BOND.....\$280+

ساه

SALES DATE: 09-11-2003

GROSS INCLUDES COMMISSIONS: NO GROSS EXCLUDES COMMISSIONS: YES

PAGE 0005 OF 0009

CUSIP NUMBER: 0002008E9

NO SECOND NOTICE

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te: 12/13/2012 Time: 11:22:22 AM

Case 1:13-cv-05296-RBK-JS Document 3 Filed 09/27/13 Page 23 of 44 PageID: 30

ge: 1 Document Name: CSC_IDRS

PTRN02436891522003000000

*(TY2003)

PAGE 0006 OF 0009

JCUMENT TYPE: 1099-B

YEE ENTITY DATA:

OININIO MC

209 BUTTONWOOD LANE **ILLVILLE NJ 08332-361** FATE: NJ ZIP: 08332-3615

IOUNT NUMBER: 3N0161900512348 /ER ENTITY DATA: 132638166 S FINANCIAL SERVICES INC.

)00 LINCOLN HARBOR BLVD

EHAWKEN

NJ 07086

TEM DESCRIPTION: N/A :D TAX WH..........\$0 OCK&BOND.....\$2,996+ SALES DATE: 08-19-2003

GROSS INCLUDES COMMISSIONS: NO GROSS EXCLUDES COMMISSIONS: YES CUSIP NUMBER:

0005084B0

NO SECOND NOTICE

******* ********* TAXPAYER COPY

te: 12/13/2012 Time: 11:22:23 AM

Case 1:13-cv-05296-RBK-JS Document 3 Filed 09/27/13 Page 24 of 44 PageID: 31

ge: 1 Document Name: CSC_IDRS

PTRN02436891522003000000

*(TY2003)

PAGE 0007 OF 0009

DCUMENT TYPE: 1099-B

YEE ENTITY DATA:

OININIO MC

209 BUTTONWOOD LANE

ILLVILLE NJ 08332-361 FATE: NJ ZIP: 08332-3615

COUNT NUMBER: 3N0161900512350

/ER ENTITY DATA: 132638166

3S FINANCIAL SERVICES INC.

)00 LINCOLN HARBOR BLVD

EEHAWKEN

NJ 07086

TEM DESCRIPTION: N/A

ED TAX WH.....\$0 OCK&BOND.....\$6,796+

SALES DATE: 12-30-2003

GROSS INCLUDES COMMISSIONS: NO GROSS EXCLUDES COMMISSIONS: YES

CUSIP NUMBER: 0002008E9

NO SECOND NOTICE

********* TAXPAYER COPY **********

ate: 12/13/2012 Time: 11:22:25 AM

ge: 1 Document Name: CSC_IDRS Document 3 Filed 09/27/13 Page 25 of 44 PageID: 32

PTRN02436891522003000000

*(TY2003)

JCUMENT TYPE: 1098

YER/BORROWER:

15

ININIO THOMAS C

209 BUTTONWOOD LANE

ILLVILLE

TATE: NJ ZIP: 08332-0000

COUNT NUMBER: 00840962

CIPIENT/LENDER: 210744653

RIDGETON ONIZED FCU

550 S MAIN ROAD INELAND

NJ 08360

TG INT PD......\$3,451+

TAXPAYER COPY *******************

PAGE 0008 OF 0009

Date: 12/13/2012 Time: 11:22:27 AM

je: 1 Document Name: CSC_IDRS

PTRN02436891522003000000

*(TY2003)

PAGE 0009 OF 0009

JCUMENT TYPE: 1099-DIV

/EE ENTITY DATA: HOMAS C DININIO 209 BUTTONWOOD LANE

[LLVILLE

FATE: NJ ZIP: 08332-0000

NO SECOND NOTICE

COUNT NUMBER: 001 000001493
(ER ENTITY DATA: 371191206

CONEER RAILCORP

318 SOUTH JOHANSON ROAD

ORIA IL 61607

ED TAX WH.....\$0 RD DIV.....\$10+ .F DVDNDS.....\$10+

TAXPAYER COPY *******************

ate: 12/13/2012 Time: 11:22:29 AM

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           ***(TY2003) IRMF ON LINE TRANSCRIPT SYSTEM SUMMARY***
IN- 024368915 TIN TYPE AND VALIDITY- 2 DOCUMENT CODE- 00
                                                                   9 DOCS
LOUP
                 AMOUNT
                                     GROUP
                                                       AMOUNT
GES.....$3,360+
¿D DIV.....$10+
OCK&BOND.....$10,072+
" .....$9,306-
) SEC WH.....$208+
                         (CORR/AMD)
:DCARE WH......$48+
EDCARE WG.....$3,360+
G INT PD.....$3,451+
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FER=PAYE(E), PAYE(R), (0) NLINE, (W) HITE OUT, IRPO(L), HARD(C) OPY OR (H) ELP

Date: 12/13/2012 Time: 11:22:34 AM

Attachment B

	,							
orm	1040X		he Treasury – Internal Reve					
	December 2012)	Amended U.S. In ► Information about Form 1040X and				10.10	ОМ	B No. 1545-0074
			2010 2009	ons is	at www.irs.gov/fo	rm1040x.		
	r year. Enter one		year (month and yea	r ende	ed):			
Your fi	rst name and initial		Last name			Your social se	curi	ty number
	as Charles		Dininio			0		
lf a joir	nt return, spouse's firs	t name and initial	Last name			Spouse's soc	ial se	ecurity number
							ļ	
		street). If you have a P.O. box, see instructions	.		Apt. no.	Your phone nu	mbe	r
	Buttonwood La	1710				856	32	7 1916
		te, and ZIP code. If you have a foreign address	s, also complete spaces be	low (see	e instructions).			
	lle, NJ 08332	·	Foreign province (at	-4-/				
, 0.0.9.	. ocama y mamo		Foreign province/st	ate/cou	inty	Foreign	post	al code
Amer	nded return filing	g status. You must check one box e	ven if you are not ch	anging	a vour filing statu		· · ·	· · · · · · · · · · · · · · · · · · ·
Caut	ion. In general, yo	ou cannot change your filing status fr	om ioint to separate	return.	s after the due da	s. ate		
✓ Sir			arried filing separately					
Qu	alifying widow(er)	Head of household (If the qualify		t not y	our dependent, see	instructions.)		
	Use I	Part III on the back to explain any			A. Original amount			
			- Changes		or as previously adjusted	amount of increa or (decrease) -	ase	C. Correct amount
	me and Deduc				(see instructions)	explain in Part		
1		s income. If net operating loss		. 1				
2		there		1	63123	622		835
3	Subtract line 2		• • • • • •	3	9751	(440		5350
4		changing, complete Part I on pag		3	53372	(5337	72)	0
•	amount from li	ne 30	ge 2 and enter the	4	2400			2400
5	Taxable income	. Subtract line 4 from line 3		5	3400 49972	(4997	721	3400
Tax L	_iability				40372	(433)	2)	
6	Tax. Enter meth	od used to figure tax:						
				6	8918	(891	8)	0
7		neral business credit carryback i						
8		ingue line C. If the manufacture		7	. 0		0	0
9	Other tayes	rom line 6. If the result is zero or less		8	8918	(891		0
10		nes 8 and 9		10	8801	(880		0
	nents	ries o and o	<u> </u>	10	17719	(1771	9)	0
11		tax withheld and excess social secu	rity and tier 1 RRTA					
	tax withheld (if	changing, see instructions)		11	o		0	0
12		payments, including amount applied			J			<u> </u>
	return			12	o		o	0
13	Earned income	credit (EIC)		13	0	unknov	vn	unknown
14		s from Schedule(s) 8812 or M or Fo						
	☐ 4136 ☐ 5405	8801 🗆 8812 (2009–2011) 🗆 883	39					
15	☐ 8885 or ☐ oth		- 4 - 61 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	14	0		0	0
15	tax paid after re	aid with request for extension of time	e to file, tax paid with	n origi	nal return, and a	dditional	_	
16		turn was filed	• • • • • • • •			1		0
	nd or Amount	ou Owe (Note. Allow 8-12 weeks	to process Form 10	040X 1	<u></u>	10	2	0
17	Overpayment, if	any, as shown on original return or a	as previously adjuste	d bv ti	ne IRS.	17	,	0
	_	•	, , , , , , , , , , , , , , , , , , , ,	- , - ,		· · L	·[U

Amount of line 20 you want applied to your (enter year):

18

19

20

21

22

Subtract line 17 from line 16 (If less than zero, see instructions)

If line 10, column C, is less than line 18, enter the difference. This is the amount overpaid on this return

Amount you owe. If line 10, column C, is more than line 18, enter the difference

0

0

0

0

18

19

20

21

22

estimated tax

Case 1:13-cv-05296-RBK-JS Document 3 Filed 09/27/13 Page 30 of 44 PageID: 37

Form 1	040X (Rev. 12-2012)	Constitution of the second	In/	1100	7	017			Page 2
Par	1 Exemptions		1 7 - 3	- Con		7			rage z
Comp	olete this part only if yo	u are:		J					
• Incr	easing or decreasing th	e number of exemptions (p	personal and de	ependents)	claim	ed on line 6d of t	he returr	ı vou are	amending or
• Incr	easing or decreasing th	e exemption amount for h	nousing individu	uals displac	ed by	a Midwestern di	saster ir	2009.	amorianig, of
		OA instructions and Form			,	A. Original number of exemptions or amount reported or	B. Net c		C. Correct
						as previously adjusted			or amount
23	Yourself and spous dependent, you cannot	e. Caution. If someone ot claim an exemption for y	e can claim y vourself	ou as a	23				
24					24				
25	Your dependent children	n who did not live with you du	ue to divorce or s	separation	25				
26	Other dependents .			·	26		· · · · · · · · · · · · · · · · · · ·		
27	Total number of exem	ptions. Add lines 23 throu	ıgh 26		27				
28	Multiply the number o	f exemptions claimed on I	line 27 by the e	xemption					
	amount shown in th	e instructions for line 28	8 for the year	you are					
	amending				28				
29	displaced by a Midwe	an exemption amount estern disaster, enter the a	for housing in amount from Fo	ndividuals orm 8914,	-				
30		Annalina manasita kanasa at ta sa			29		******		
31		ter the result here and on lin			30				
	List ALL dependents (c	children and others) claimed	on this amende	ea return. It	more	than 4 dependent			
	(a) First name	Last name	(b) Depende security r			(c) Dependent's relationship to you	ahi	ld for child	ox if qualifying d tax credit (see uctions)
		·							
Part	Presidential F	ection Campaign Fun	<u></u>					·····	
		ase your tax or reduce you							
	Check here if you did no	ot previously want \$3 to go	at tetutia. Stathe fund h	iit now do					
	Check here if this is a jo	int return and your spouse	e did not previo	usly want \$	3 to c	no to the fund by	it now d	000	
Part	Explanation of o	hanges. In the space pro	vided below, te	ell us why vo	ou are	filing Form 1040)X	Jes	
-	► Attach any sup	porting documents and n	ew or changed	forms and	sched	dules.			
			-						
	The IRS through R/A I	Fillion is alleging that I had	income of which	ı I am not av	vare. I	have repeatedly:	sked for	details to	identify this
	aneged income and na	ave been met with silence.				Canada and and and and and and and and an	OFFICI	AL SEAL	
Sign Reme		of this form for your reco	ords.				OTARY PUBLI	R, NIEVES C - NEW JERSI res Feb. 27, 2	
scneau	es and statements and	clare that I have filed an or to the best of my knowledge all information about which th	and heliet this	amended ret	turn ie		<i>RESERVE</i>	2222	2600mnonvina
	-N	2 1 months about willow		ary knowledg	, c .				
Yoursic	nature	Date	ay/13 /	Ouse's signati	ıre If a	joint return, both mu	et eign		Data
Paid P	reparer Use Only			ouse s signati	no. II a	joint return, both mu	st sign.		Date
•	,								
Prepare	r's signature	Date	e Fir	m's name (or y	ours if	self-employed)			
Print/typ	pe preparer's name		Fir	m's address a	nd ZIP	code			
		П	Check if self-emplo						
PTIN			Shook it soll-emplo	•	hone r	number	EIN		

Form **1040X** (Rev. 12-2012)

For forms and publications, visit IRS.gov.

Attachment C

Form	1	040X
(Rev	Do	combor 2012)

Department of the Treasury-Internal Revenue Service

			5. Individual Inco				ОМ	B No. 1545-0074
	December 2012)	► Information about Form 1040		ions is	at www.irs.gov/fo	rm1040x.		
This	return is for cale	endar year 🗌 2012 🔲 2011	2010 2009					
	r year. Enter one	: calendar year 2008 or f	iscal year (month and yea	ar ende	ed):			
Your fi	irst name and initial		Last name			Your social s	ecuri	ty number
	nas Charles		Dininio			e		
If a joir	nt return, spouse's firs	t name and initial	Last name			Spouse's soo	ial se	curity number
Home	address (number and	street). If you have a P.O. box, see instru	ictions.		Apt. no.	Your phone n	umbe	r
2209	Buttonwood La					'		7 1916
City, to	own or post office, sta	te, and ZIP code. If you have a foreign a	ddress, also complete spaces b	elow (see	e instructions).	1 00	0 32	1310
	lle, NJ 08332		, ,	(- · · · · · · · · · · · · · · · · · · ·			
	n country name		Foreign province/s	tate/cou	ntv	Foreign	nost	al code
					,	, orong	, post	ar 0000
Ame	nded return filin	g status. You must check one b	Oox even if you are not ch	anging	your filing statu			
Caut	ion. In general, ve	ou cannot change your filing sta	tus from ioint to senarate	return	s after the due de	o.		
✓ Sir	nale:		☐ Married filing separately	, Ctarri	s and the dae da	ate.		
	ualifying widow(er)	Head of household (If the q	ualifying person is a child by	ıt not v	damand			
				Ji HOL y	T			
	Use	Part III on the back to explair	n any changes		A. Original amount or as previously	B. Net change amount of incre		C. Correct
Inco	me and Deduc	tions			adjusted	or (decrease)	-	amount
					(see instructions)	explain in Part	- 111	
1	Adjusted gross	s income. If net operating look	oss (NOL) carryback is	- I .				
2	Included, check	chere	> L		158713	(1580	73)	640
2	Culturat ii	tions or standard deduction		2	13851	(84	01)	5450
3		from line 1		3	144862	(1440	42)	640
4	Exemptions. If	changing, complete Part I or	n page 2 and enter the					
_	amount from li	ine 30		4	3500		0	3500
5	l axable income	e. Subtract line 4 from line 3	· · · · · · · · · · · · · · · · · · ·	5	141362	(1413	62)	C
	Liability							
6	Tax. Enter meth	nod used to figure tax:						
				6	33560	(335	60)	. 0
7	Credits. If ger	neral business credit carryba	ck is included, check			\$	/	
	here			7	o		o	0
8	Subtract line 7	from line 6. If the result is zero o	r less, enter -0	8	33560	(335		0
9				9	16802	(168		
10	Total tax. Add li	nes 8 and 9		10	50362	(503		0
Payn	nents				00002	(303	52)	
11	Federal income	tax withheld and excess social	security and tier 1 RRTA					
	tax withheld (if	changing, see instructions)		11	o			0
12		payments, including amount a			- 0		0	0
				12	o		_	•
13	Earned income	credit (EIC)		13	0	, melana	0	0
14	Refundable credits	s from Schedule(s) 8812 or M	or Form(s) 2439	1.0	U	unkno	NU .	unknown
		5 ☐8801 ☐8812 (2009–2011) [
	☐ 8885 or ☐ oth			14	0			_
15		aid with request for extension o	f time to file tax paid wit		nol roturn and a	-1-1:4:1	0	0
	tax paid after re	turn was filed	· · · · · · · · · ·	ii ongi	nai reium, and a	1	_	
16		Add lines 11 through 15		•			5	0
	nd or Amount	You Owe (Note. Allow 8-12 w	eaks to process Form 1	040V I	<u> </u>	1	6	0
17	Overnayment if	any as shown an original return	eeks to process rolli i	040X.)	150			
18	Subtract line 17	any, as shown on original return	or as previously adjuste	ea by tr	ne IRS	1	7	0
19	Amount variance	from line 16 (If less than zero, s	ee instructions)				8	0
	If line 10, selver	e. If line 10, column C, is more than	an line 18, enter the differe	nce		1	9	0
20	America - C''	n C, is less than line 18, enter th	e difference. This is the a	mount	overpaid on this	s return 2	0	0
21		0 you want refunded to you .				2	1	0
22	Amount of line 20	you want applied to your (enter	year): estim	ated ta	x . 22	0		
					Comp	ete and sign	this f	orm on Page 2.

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Form :	: 1040X (Rev. 12-2012)	-	Tinc	O. i.	•	2008		Page 2
Pai	tl Exemptions		1 0/-	Jan				rage z
	plete this part only if you							
• Inci	reasing or decreasing the	number of exemptions (p	ersonal and	dependents)	claim	ned on line 6d of t	he return you ar	e amending, or
• Inc	reasing or decreasing the	exemption amount for ho	ousing indivi	duals displac	ed by	/ a Midwestern di	saster in 2009.	
S00 !	Form 1040 on Form 1040.	A implementions and Found	0.401/			A. Original number of exemptions or		C. Correct
See r	-orm 1040 or Form 1040/	A instructions and Form 1	040X instruc	ctions.		amount reported or as previously	B. Net change	number or amount
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				т	adjusted		or amount
23	Yourself and spouse.	. Caution. If someone	can claim	you as a				
24	Your dependent childre	t claim an exemption for y			23			
25		who did not live with you du			24			
26		· · · · · · · · · · · · · · · · · · ·			25 26			
27	Total number of exemp	otions. Add lines 23 through	 nh 26		27			
28		exemptions claimed on li			21			
20	amount shown in the amending	instructions for line 28	of the year.	ear you are	28			
29	-	an exemption amount f	or housing	individuale	20			
	displaced by a Midwes	stern disaster, enter the a	mount from	Form 8914				
	line 6 for 2009				29			
30	Add lines 28 and 29. Ente	er the result here and on line	e 4 on page 1	of this form	30	-		
31	List ALL dependents (ch	ildren and others) claimed	on this amer	nded return. If	more	than 4 dependent	s, see instruction	ns.
			(b) Deper	ident's social		(c) Dependent's	(d) Check	box if qualifying
	(a) First name	Last name		ty number		relationship to you		ild tax credit (see
							ins	tructions)
					-			
Par	Droeidential Ele	ection Campaign Fund						
		se your tax or reduce you						· · · · · · · · · · · · · · · · · · ·
		se your tax or reduce you previously want \$3 to go		hard married				
		nt return and your spouse				as to the fund hu		
Part	Explanation of ch	nanges. In the space prov	rided helow	tell us why v	OU ar	go to the lund, bt	now does.	
-		porting documents and ne	ew or change	ed forms and	sche	dules	/A.	
	, ,,	.9		ou rommo uma	00110	daico.		
		•						
	,							
	The IRS through R/A Fi	llion is alleging that I had i	ncome of wh	ich I am not av	ware.	CONTRACTOR OF THE PROPERTY OF	COCCERCIONALES	entify this
Sian	Here	ve been met with silence.			}		OFFICIAL SEAL	8
		this form for your reco	rde		(EVELYN R. NIEVES ARY PUBLIC - NEW JERS	~ %
					}	A CARROLL INC.	omm. Expires Feb. 27, 2	
schedi	bles and statements, and to	lare that I have filed an ori o the best of my knowledge Il information about which th	and belief, the	nis amended re	eturn is		ohorodomen ain alai al in	
<		14	5142	•	_			
Yours	ignature	Date	274 12	Spouse's signat	ure. If a	a joint return, both mu	st sian.	Date
Paid I	Preparer Use Only			. •	-	,	- J	
	· •	•						
Prepar	er's signature	Date)	Firm's name (or	yours i	f self-employed)		
				`		. , ,		
Print/ty	/pe preparer's name			Firm's address a	and ZIP	code		
			Check if self-em	ployed				
PTIN					Phone	number	EIN	

For forms and publications, visit IRS.gov.

Form **1040X** (Rev. 12-2012)

Attachment D

Form 1040%

Department of the Treasury-Internal Revenue Service

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

	December 2012) ► Information about Form 1040X and its separate instruc	tions is	at www ire goulfo	2 mm 1040m	ONID 140. 1545-0074
This	returns for calendar year 2012 2011 2010 2000	10110110	at www.irs.gov/ic	DITITIO40X.	
	er year. Enter one: calendar year or fiscal year (month and ye	ar ende	ed):		
Your	first name and initial Last name	·		Your social se	curity number
	nas Charles Dininio				
If a jo	int return, spouse's first name and initial Last name	· ·			al security number
				opouse 5 socia	s security number
Home	address (number and street). If you have a P.O. box, see instructions.		Apt. no.		
	Buttonwood La		Apt. 110.	Your phone nur	
City,	own or post office, state, and ZIP code. If you have a foreign address, also complete spaces I	nelow (see	instructions)	856	327 1916
Millv	ille, NJ 08332	Delow (Se	e instructions).		
Forei	on country name Foreign province/	state/eau	nt.		
	r oroign province/	siale/Cou	пц	Foreign p	ostal code
Ame	nded return filing status. You must check one box even if you are not c		<u></u>		
Cau	tion. In general, you cannot change your filing status from joint to separate	nanging	your filing status	S.	
√ S	ngle	i eturri.	s anter the due da	ite.	
	La Married Initio Separately				
	V	ut not yo			
	Use Part III on the back to explain any changes		A. Original amount or as previously	B. Net change – amount of increase	
Inco	me and Deductions	<u> </u>	adjusted	or (decrease)	amount
1	Adjusted gross income. If net operating loss (NOL) carryback is		(see instructions)	explain in Part III	
	included check have				
2	Itemized deductions or standard deduction	J <u>1</u>	95064	9470	360
3			13851	(8401	5450
4		3	81213	(81213	360
•	Exemptions. If changing, complete Part I on page 2 and enter the	•			
5	amount from line 30	4	3650		0 3650
	Taxable income. Subtract line 4 from line 3	5	79023	(78663	360
6	Tax. Enter method used to figure tax:		*		
•	and Enter motified document to figure tax.				
7	Credits If general husiness availt and the little	6	15944	(15944) 0
•	Credits. If general business credit carryback is included, check here.	I			
8	Subtract line 7 from line 6. If the result is zero or less, enter -0-	¬ 	0	7 (0
9	Other taxes	8	15944	(15944) 0
10	Other taxes Total tax Add lines 8 and 9	9	13381	(13381) 0
	Total tax. Add lines 8 and 9	10	29325	(29325	0
11					
••	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (if changing, see instructions)				
12	Estimated tax payments including any and the first and the	11	0	0	0
-	Estimated tax payments, including amount applied from prior year's return	1 1			
13	Earned income credit (EIC)	12	0	- 0	0
14	Refundable credits from Schedule(s) 8812 or M or Form(s) 2439	13	0	unknown	unknown
	4136 5405 8801 8812 (2009–2011) 8839 8863				
	8885 or Oother (specify):	1			
15	Total amount paid with request for extension of time to file	14	0	0	. 0
	Total amount paid with request for extension of time to file, tax paid wit tax paid after return was filed	h origin	al return, and ad	Iditional	
16	Tabel			15	0
	of an Amount You Owe (Note: Allow 9, 12 weeks to be	· · ·		16	0
17	1 The state of the little Allow o-12 weeks to process Form 1	<i>040</i> Y 1			
18	Overpayment, if any, as shown on original return or as previously adjuste	d by th	eIRS	17	0
19	Cabadet line 17 Hotti line 10 (II less than zero, see instructions)			18	0
20	amount you owe. If line 10, column C, is more than line 18, enter the difference	nca		4.0	0
21	If line 10, column C, is less than line 18, enter the difference. This is the a	mount	overpaid on this	return 20	0
22	Amount of the 20 you want refunded to you			21	0
	Amount of line 20 you want applied to your (enter year): estimates	ated tax	. 22	0	
			Comple		s form on Page 2

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Form	1040X (Rev. 12-2012)	$\overline{}$	it as. 7	· .0 @10	2		
Pa	til Exemptions	+ 64	of you ?	_00	 		Page
Com	plete this part only if yo	u are:					
• Inc	reasing or decreasing th	e number of exemptions (personal and dependents	s) clain	ned on line 6d of t	he return vou ar	e amending or
• Inc	reasing or decreasing th	e exemption amount for h	nousing individuals displa	ced by	y a Midwestern di	saster in 2009.	o arrieriding, or
					A. Original number of exemptions or		
See r	-01111 1040 or Form 1040	A instructions and Form	1040X instructions.		amount reported or	B. Net change	C. Correct number
					as previously adjusted		or amount
23	Yourself and spouse	e. Caution. If someone	e can claim you as a				
24	Vous dependent, you canno	ot claim an exemption for		23			
25	Your dependent children	ren who lived with you .		24			
26	Other dependents	who did not live with you du	de to divorce or separation	25			
27	Total number of exem	tions. Add lines 23 throu		26			
28	Multiply the number of	puons. Add lines 23 inrou	gn 26	27			
20	amount shown in the	f exemptions claimed on I e instructions for line 28 · · · · · · · · · · · · · · · · · · ·	3 for the year you are				
29	If you are claiming	an exemption amount		28			
	displaced by a Midwe	an exemption amount stern disaster, enter the a	nousing individuals				
	line 6 for 2009	· · · · · · · · · ·		29			
30	Add lines 28 and 29, En	ter the result here and on line	e 4 on page 1 of this form	30			
31	List ALL dependents (c	hildren and others) claimed	on this amended return.	f more	than 4 dependents	s see instruction	200
							box if qualifying
	(a) First name	Last name	(b) Dependent's social security number		(c) Dependent's relationship to you	child for chil	ld tax credit (see
			,			inst	ructions)
· · · · · ·							
Part	I Presidential Ele	ection Campaign Fund	1				
heck	king below will not increa	ase your tax or reduce you	ır refund				
\Box (Check here if you did no	t previously want \$3 to go	to the fund but now do				
] (Check here if this is a joi	nt return and your spouse	did not previously want	\$3 to a	o to the fund hu	t now door	
Part	Explanation of C	n anges. In the space prov	/ided below, tell us why v	OH are	filing Form 1040	X	
	Attach any sup	porting documents and ne	ew or changed forms and	sched	dules.		
			-				
		•					
	The IRS through R/A F	illion is alleging that I had in	ncome of which I am not a	ware. I	have reneatedly as	sked for details t	a idontify this
	alleged income and ha	ve been met with silence.			y u.	shou for actains t	o identify tins
				S			> >>>1
	Here				E and	OFFICIAL SEAL	
emei	mber to keep a copy of	this form for your recor	ds.	8	E\	ELYN R. NIEVES	8
nder j	penalties of perjury, I dec	lare that I have filed an original	ginal return and that I have) - eva		RY PUBLIC - NEW JERSEY	
/ DEGREE	its and statements annua	n the hest of my knowledge	and ballet this success to t		True, Concernate	imetknins fieblūzijīgo Sandres sesies	Base ompanying
uier tr	ian taxpayer) is based on a	Il information about which the	e preparer has any knowled	ge.		The same of the sa	or proparer
\mathcal{X}	Secretary Secretary Company	Z4.	Jept 13 >				
. •	nature	Date	Spouse's signa	ture. If a	joint return, both must	sign.	Date
	reparer Use Only						
eparer	's signature	Date	Firm's name (or	yours if	self-employed)		
int/typ	e preparer's name		Firm's address	and ZIP	code		
F15.1		🗆 c	heck if self-employed				
TIN			, -,				

Phone number

Carforms and publications visit IDO save

EIN

Attachment E

F. 1040X

Department of the Treasury-Internal Revenue Service

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. (December 2012)	► Information about F	orm 1040X and	its separate instruction	ns is	at www.irs.gov/fo	rm1040x.	
		endar year 🔲 2012	☐ 2011	2010 🗌 2009				
	er year. Enter one	: calendar year	or fiscal	year (month and year	ende	d):		
	irst name and initial			Last name			Your social secu	ity number
	nas Charles			Dininio			_	·
ir a joii	nt return, spouse's firs	t name and initial		Last name			Spouse's social s	ecurity number
Home	address (number and	street). If you have a P.O. box	v see instructions			T		
	Buttonwood La	streety. If you have a F.O. DO	c, see instructions.			Apt. no.	Your phone numb	
		ite, and ZIP code. If you have	a foreign address	also complete spaces hel	OW ISS	instructions	856 32	17 1916
	lle, NJ 08332	•		, and domptoto opacoo bor	011 (300	mediacions).		
	n country name			Foreign province/sta	te/cou	nty	Foreign pos	tal code
Ame	nded return filin	g status. You must che	eck one box e	ven if you are not cha	nging	your filing statu	S.	
Caut	tion. In general, y	ou cannot change your	filing status fro	om joint to separate r	eturns	s after the due da	ate.	
☑ Sir	=	Married filing join		arried filing separately				
<u> </u>	ualifying widow(er)	Head of househo	ld (If the qualifyi	ng person is a child but	not yo	our dependent, see	instructions.)	
	Use	Part III on the back to	o explain any	changes		A. Original amount or as previously	B. Net change – amount of increase	C Command
Inco	me and Deduc	tions			,	adjusted (see instructions)	or (decrease)	C. Correct amount
1		s income. If net ope	erating loss /	NOLA manustra de la		(see instructions)	explain in Part III	
•	included, chec	k here		NOL) carryback is	1	400004	(100001)	_
2	Itemized deduc	ctions or standard dedu			2	106891 13252	(106891) (7552)	0
3	Subtract line 2				3	93639	(93639)	5700
4	Exemptions. If	changing, complete	Part I on pag	e 2 and enter the		73033	(93039)	0
	amount from I	ine 30			4	3650	0	3650
<u>5</u>	Taxable income	e. Subtract line 4 from li	<u>ine 3</u>	<u> </u>	5	89989	(89989)	0
	Liability							
6	rax. Enter meti	nod used to figure tax:						
7	Credite If an	neral business credit		- :	6	18902	(18902)	0
•	here	letai busilless Cledit	carryback is	s included, check	7		_	
8		from line 6. If the result	is zero or less	, enter -0-	8	10002	(10000)	0
9	Other taxes .			, , , , , , , ,	9	18902 13381	(18902) (13381)	0
10	Total tax. Add i	ines 8 and 9	<u></u>		10	15103	(15103)	0 0
Payn	nents						(10100)	
11	Federal income	tax withheld and exces	ss social secur	rity and tier 1 RRTA				
40	tax withheld (if	changing, see instructi	ons)	• • • • • • •	11	0	0	0
12		payments, including a						
13	Farned income	credit (EIC)			12	0	0	0
14	Refundable credit	s from Schedule(s) 8812	 2 or □MorFo	rm(s) \ \ 2439	13	0	0	0
	☐ 4136 ☐ 5405	5 □8801 □8812 (2009	9–2011) 🗌 883	9				
	☐ 8885 or ☐ otl	ner (specify):			14	0	0	0
15	Total amount p	aid with request for ext	ension of time	to file, tax paid with	origin	nal return, and a	dditional	
	tax paid after re	turn was filed					15	0
16	Total payments	Add lines 11 through 1	15				16	0
	nd of Afficunt	t ou owe (Note. Allow	v 8–12 weeks	to process Form 10	40X.)	7		
17	Overpayment, if	any, as shown on origi	inal return or a	s previously adjusted	by th	ne IRS	17	0
18 19	Amount you com	from line 16 (If less tha	in zero, see ins	structions)				0
20	If line 10 colum	e. If line 10, column C, is	s more than line	e 18, enter the differen	ce		19	0
21	Amount of line	n C, is less than line 18 20 you want refunded t						0
22		you want applied to you				4 1	21	0
		y == applica to you	(citter year	,· esuma	ieu ta		0 ete and sign this	form on Poss C
						Compi	ore and sign alls	ronn on Fage 2.

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Form	1040X (Rev. 12-2012)		1 8444 7	Æ. J	^		
Pai		- $ -$	y gran c	UIL	<i></i>		Page 2
Com	plete this part only if yo	ou are:					
• Inc	reasing or decreasing t	he number of exemptions (personal and dependents) claim	ned on line 6d of t	he return you	are amending, or
• inc	reasing or decreasing t	he exemption amount for h	ousing individuals displa	ced by	/ a Midwestern di	saster in 200	9.
See /	orm 1040 or Form 104	10A instructions and Form	1040X instructions.		A. Original number of exemptions or amount reported or as previously	B. Net chang	C. Correct e number or amount
23	Yourself and spous	se. Caution. If someone	can claim you as a	23	adjusted		
24	Your dependent child			24			
25	Your dependent childre	en who did not live with you du	ue to divorce or separation	25			
26	Other dependents .			26			
27	Total number of exer	nptions. Add lines 23 throu	gh 26	27			
28	amount shown in the	of exemptions claimed on I he instructions for line 28	ine 27 by the exemption 3 for the year you are	28			
29	displaced by a Midw	an exemption amount estern disaster, enter the a	for housing individuals mount from Form 8914,				
30		nter the result here and on line	A on page 1 of this form	30			
31	List ALL dependents (children and others) claimed	on this amended return I	more	than 4 dependents	s con inatrua	tions
				111010			ck box if qualifying
	(a) First name	Last name	(b) Dependent's social security number		(c) Dependent's relationship to you	child for	child tax credit (see instructions)
Part	Presidential E	lection Campaign Fund	1				
Check	king below will not incre	ease your tax or reduce you	ır refund.				
	Check here if you did no	ot previously want \$3 to go	to the fund, but now do.				
Part	Explanation of	pint return and your spouse changes. In the space prov	did not previously want :	\$3 to g	o to the fund, bu	t now does.	
		oporting documents and ne	w or changed forms and	ou are	tiling Form 1040	X	
	, ,	er evening about notice and the	w or changed forms and	scried	iules.		
	-						
	The IRS through R/A	Fillion is alleging that I had in ave been met with silence.	ncome of which I am not a	vare. I	have repeatedly as	sked for deta	ils to identify this
	and god mooning and m	ave been met with sheme.		/Pee			
Sian	Here			8 6		FICIAL SEAL	3
		of this form for your recor	de		NOTARY P	YN R. NIEVES UBLIC-NEW JERSE	. 8
				8 6		Fig. 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	AT
		clare that I have filed an origination of the best of my knowledge all information about which the			true correct and	Complete Des	accompanying
other th	an taxpayer) is based on	all information about which the	e preparer has any knowledg	ge.	ardo, correct, and t	complete, Dec	naration of preparer
	-1-/2	24	(epti3)				
<u> </u>	nature	Date	Spouse's signat	ure. If a	joint return, both must	t sign.	Date
ald P	reparer Use Only						
Preparer	's signature	Date	Firm's name (or	yours if	self-employed)		
rint/typ	e preparer's name		Firm's address a	nd ZIP	onde		
		c	heck if self-employed				

Phone number

____ 1040Y /p

For forms and publications, visit IRS. gov.

Attachment F

Exhibit A Alleged Personal Bank Accounts Do Not Exist

In an attempt to determine where those large amounts of money came from that R/A Fillion placed on my amended 1040's, I went to both Bank of America and PNC Bank where he claimed I had accounts.

When I presented the disclosure notice (Exhibit A1) to Vicky, a Financial Specialist in the Vineland NJ branch of PNC, she searched the bank's computer records under both my name and SSN. Because there were no records of any account, she refused to sign a statement or provide notary services. She stated that she was instructed to only fill in an account information letter and only to provide notary services to customers of PNC.

The disclosure notice (Exhibit A2) was presented to Nikole Piatt at the Wheaton Plaza branch of Bank of America (Millville, NJ). She could find only the mentioned checking account with an accompanying line of eredit under a different number.

-		
	Thomas Charles Dininio	
	STATE OF N.J. COUNTY OF CUMBERLAND	
	on 24 Spt 13, before me, Welyn Niews	, personally
	appeared THO MAS 1, NINIO.	· · · · · · · · · · · · · · · · · · ·

Known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument

WITNESS my hand and official seal

(Notary Signature)

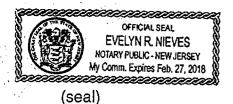


Exhibit A1 NOTICE OF DISCLOSURE

I, the undersigned officer of PNC Bank, hereby certify that upon examination of this bank's records for the name Thomas Dininio, SSN 024-36-8915, that there are no accounts for that name nor for the said SSN nor have such accounts ever existed.

(Name Print)	- All / All
(Signature)	
(Title)	11.

EXHIBIT A-Z NOTICE OF DISCLOSURE

I, the undersigned officer of Bank of America have examined this Bank's records regarding the
individual, Thomas Dininio, SSN 024-36-8915 finding that sin ce 2007 Mr. Dininio had only
two accounts with this bank: a checking account, No.0000120025 from 4-30-1975 to 1/9/2013 and a Savings Account, No. (with That
from printo By to
Upon written request, and, with written approval from Mr. Dininio, this bank will forward copies
of these accounts.
Nikok Fat (Name Print)
Wild Mitt (Signature)
Jestona Vary (Title)

NIKOLE C PIATT

NOTARY PUBLIC

STATE OF NEW JERSEY

MY COMMISSION EXPIRES MAR. 27, 2014

I.D.# 2383972

